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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\* NK**

THIS APPLICATION IS A CIP OF 09/397,331 09/14/1999  
 WHICH IS A CIP OF 09/313,067 05/17/1999 PAT 6,209,103

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 03/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 8	TOTAL CLAIMS 142	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Daniel Issac Goodman NK</i> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

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FILING FEE RECEIVED 3916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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